NAME: CASE No.:			
	AUTOMATIC PAYMENT AUTHORIZATION FOR CRIMINAL DEBTS		
As a conven	ience to me, I reques	st and authorize my E	Bank,
	(Bank	name)	
	(addre	ess)	
	y checking/savings a This amount is		, monthl
	Clerk, U.S. District Room A105 901 19 <sup>th</sup> Street Denver, CO 80294		
Important: I	Please include debt	or's name and case	e number on the check.
rendered in the Uni	ted States District Co	ourt for the District of	s, is to satisfy a judgment Colorado, bearing the , plus interest at the rat
Financial Litigation		itify said Bank, <u>in wr</u>	J.S. Attorney's Office, iting, to terminate, and sa
DATED:	This day of	, 20	
		Depositor	

ACKNOWLEDGED AND RECEIPTED				
(Name of Bank)				
By:				
Title:				
APPROVED AS TO FORM AND CONTENT:				
UNITED STATES ATTORNEY FINANCIAL LITIGATION UNIT	By: Date:			